THE UNIVERSAL FELLOWSHIP OF METROPOLITAN COMMUNITY CHURCHES

ALERT

News from the UFMCC
on AIDS Legislation, Education, Research and Treatment.

"NO WAY"

(By Rev. Elder Nancy Wilson,
Member, UFMCC Board of Elders)

MAY, 1990
Editor: Rev. Dr. A. Stephen Pieters

We worship a God who makes a way when there is no way.

I thought there was no way Rev. Brad AnderSon was going to get out of his hospital bed and be Ordained on March 10, 1990. Brad had gotten so sick with aids. I had visited him in the hospital a few times. It was hard to see him in pain.

The week of the General Council Meeting, he seemed to get worse. On top of that, Troy Perry's friend, Joe McDuffy died, and Troy had to miss Brad's Ordination to go to Detroit to do Joe's funeral.

We got reports throughout each day of General Council on Brad's condition. At one point Rev. Don Pederson left the meeting to check on Brad's condition, having heard negative reports on how he was being treated by hospital staff. Brad had a terrible infection in his arm from where the IV had been inserted.

"NO WAY," I kept thinking. Why does he have to go to church to be ordained? Why can't we just go to the hospital and ordain him there? Why the heroics? (This from a person who fasted 29 days last September/October...). I felt angry. Is his life worth risking on an ordination? I voiced this to no one, except that I expressed the concern that he wasn't well enough to leave the hospital. We kept hearing that he was having convulsions, and was in terrible pain.

The whole General Council, area pastors, laity and MCC Silverlake gathered that Saturday evening in March to celebrate Brad's Ordination. At first I didn't recognize Sam Edelman, Brad's first Pastor, whom the church flew in to surprise Brad, and who preached for Troy. People were cheerless, somber, some weeping. Brad made it to the church. No way, I thought. He was getting in a wheelchair in the robing room, his eyes closed. He was so thin, transluscent. He wore a shawl and a hat to keep warm.

Slowly, Don Eastman, Jean White and others helped him get robed. His right arm was swollen to twice its normal size and it caused him excruciating pain to move it. Brad kept joking and telling people to lighten up.

Finally we began processing, Bob wheeling Brad in at the rear of the procession. Brad was so weak and ill, we feared he might die during the service. In self-defense, I began joking with Brad - telling him he looked like Queen Victoria in his wheelchair and shawl, he said, "Many people make that mistake!" I got to the chancel early on in the procession, and watched the faces of people seeing Brad for the first time in a long time. Watching their distress, grief and joy all mingled.

No way we are going to get through this, I thought.

I realized that Brad was ill to the degree that you don't see people in public who are that ill. And, that is not for their comfort or protection, but ours. In Illness vs Metaphor, Susan Sontag talks about "the land of the living and the land of the dying." There are strict border rules and boundaries. The living don't want to see the dying, to be reminded that all of us must eventually die. How rude of them to want to be among us, in public!! It all hit me then and there. Brad wasn't going to let us, me, get away with this! We were going to see him, just as he was. He was not going to be deprived of his Ordination just to make us comfortable.

Brad sat in his wheelchair right in front of the Chancel. I watched him enjoy every touching, hilarious word of Sam's sermon. When it came time to ordain him, Brad got up from his wheelchair and half-hobbled, half-walked up the Chancel steps. "No Way," I started to think, then corrected myself. He made his way slowly, painfully. No one breathed. His hands and arms were bandaged, he was weak, but alive. His eyes burned, not with fever, but with passion. He knelt. I told Joe Totten-Reid to stand over his right arm to make sure no one accidentally touched him there.

Brad would not let us skip one line of the service. As a dozen or more clergy gathered around him, Stan Harris lead us through the Ordination. Brad couldn't hold the tokens of ministry that were offered him (Bible, chalice and patten, etc.), but he insisted on touching them, which he did, trembling. Every word, every gesture was savored.

After the Ordination prayer, incredibly, Brad stood and faced the congregation. Tearfully he thanked many people - especially Rev. Tom Bohache and Brad's lover, Bob. He told a few stories, and testified to his faith.

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"NO WAY", (Cont'd)

At that moment I realized that Brad and I were not so different, and that was a little threatening. He was this terribly, even mortally wounded healer. But he was full of courage, humor, faith and love that "would not let him go." Sometimes I, like Brad, half-hobble, half-crawl through my day. Sometimes I think, "No Way!" No way can I do this or that, face this or that problem. But then, I remember the joy of my life, knowing that God loves me and has called me to serve our people. And with God's help I can do the impossible. We are all like Brad - wounded, weary - "But alive and beautiful."

Brad, little brother in Christ, thank you for showing me again a gentler God who makes a way where there is no way. Your Ordination was one of the most moving and powerful worship experiences of my life. Thanks for risking yourself to make it possible.

PEOPLE OF COLOR CONFRONT HIV, HEALTH SYSTEM

(By Denny Smith, AIDS Treatment News, Issue #99, Mar 16, 1990)

In less than ten years the AIDS epidemic has highlighted many failings of health care and social programs in the U.S. These include gaps in education and earnings which guarantee lives of poverty and poor health for disproportionate numbers of Blacks, Latinos, Asians and Native Americans; the inconsistent and often nonexistent health care allotted to working-class people in general and women in particular; academic research geared to favor the needs of business at the expense of taxpayers and consumers; and an ongoing barrage of discriminatory legislation aimed against gay people, immigrants, and anyone suspected of being either.

These failings and the prospects for correcting them were among the issues addressed at the Third Annual National Black Gay and Lesbian Leadership Conference and Health Institute in Atlanta, February 16-19. AIDS Treatment News attended the conference with a particular interest in discussions of HIV treatment access for HIV positive people of color.

The U.S. government and medical complex was neglectfully slow to respond to the AIDS crisis when the epidemic was considered, incorrectly of course, to be a threat mostly for white gay men and intravenous drug users. To compensate for the lack of concern and urgency, activists of all colors in the lesbian and gay community mobilized their political skill, called on the help of affluent friends of the community, and mounted a strong, compassionate response to AIDS both locally and nationally. Explicit information generated from a community perspective produced a sharp decline in the rate of HIV transmission, and campaigns urging early treatment intervention are now extending health and survival.

The scope of information from the AIDS service community, as well as from the mainstream media, has frequently been designed to target the white, gay male population. The epidemic is expanding rapidly outside of this arbitrary limit, and outside of its network of information and practical resources. People who acquired HIV through heterosexual contact, or contaminated needles or blood products, generally haven't benefitted from the organized community support which helped gays and their families endure the past decade.

A new awareness of these factors is evident in the growing network of orgranizations and information forums for minority HIV concerns. This network shares much overlap with the older AIDS establishment, particularly for gay and bisexual people of color. Important and unique issues for these communities have frequently been overlooked by the larger gay and minority organizations, but their multiple perspectives are critical to planning the future. The largest program offering HIV prevention information to gay and bisexual men of color is the National Task Force on AIDS Prevention, a project of the National Association of Black and White Men Together (NABWMT). This task force is based in San Francisco but operates HIV/safer sex workshops around the nation. Other examples of San Francisco's well-organized multicultural gay and lesbian communities include the Community HIV Project of the Gay Asian Pacific Alliance (GAPA), and workshops for men who have sex with men conducted by the American Indian AIDS Institute. (Supporting early HIV treatment and intervention, the San Francisco Department of Public Health recently awarded $115,000 to the Gay Men of Color Consortium, and $35,000 to the Mission Neighborhood Health Center.)

A particularly urgent situation is now facing African American and Hispanic communities, where longstanding deficits in community health are now compounded by the new crisis. Current assumptions regarding the epidemic's future could be deceptive unless planners factor into their projections the specfic variables in given populations. Some examples:

* Public health information on HIV transmission and treatment often does not take account of differences in language and culture, or for lack of a community's access to printed media. If a community relies on television and radio for news, they will probably receive information that is missing large portions of reality, like the importance of condoms, realistic discussions of sex and drugs, and the optimism around early treatment for HIV.

* Access to quality healthcare in the U.S. is hit and miss to begin with, and low-income or underemployed people are essentially thrown scraps by Federal programs, and patchy supplements from particular states and cities. Scraps do not encourage regular check-ups and aggressive, preventive healthcare. When medical help is sought only when symptoms appear, treatment for many illnesses, including HIV infection, is more difficult.

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People of Color...(Cont'd)

*The health of someone using intravenous drugs is often compromised by poor nutrition and infrequent health exams. If HIV is factored into the situation, the prospects of monitoring one's health and obtaining early diagnosis or treatment are hindered from the outset.

* Some occupations which are filled predominantly by minorities, such as migrant farm work, may pose increased exposure to sources of opportunistic infections. Toxoplasmosis, valley fever and MAI are all caused by microbes commonly found in soil. Even aside from occupational exposure, Filipino, Native American and Black people are already at higher risk for Valley Fever, or Coccidioidomycosis (Bronnimann and Galgiani, 1989).

These situations help explain why Blacks represent 27.7% of all people diagnosed with AIDS, though only 11.5% of the U.S. population, and Latinos account for 15.6% of AIDS diagnoses, but only 6.4% of the general population. In addition, 75% of all children with AIDS and 71% of all women are Black or Latina. Behind these statistics hides a larger impending disaster, given the natural delay of time between the initial infection and the appearance of symptoms, and additional delays in antibody testing or early treatment intervention.

Information on HIV prevention may decrease new infections among people who know their antibody status, yet miss people who are already infected and have not been tested. While they remain asymptomatic, these people may not feel the need to observe safer sex or needle precautions, and can unwittingly transmit HIV to their partners and possibly to future children. Unfortunately, sexually transmitted diseases run highest in the age group least receptive to health cautions - teenagers from 12 to 15 years of age. An HIV infection occurring in adolescence may not cause obvious symptoms until the mid-twenties, well into child-bearing years.

The future success of efforts to stop HIV transmission may depend heavily on parallel efforts to offer testing and treatment. And successful treatment for over a million Americans with HIV will absolutely require a more rational and equitable system of delivering health care.

An on-going source of news addressing the HIV concerns of minorities are the Multi-Cultural NOTES on AIDS Education and Service of the National AIDS Network (NAN). Specific back issues are available to anyone, although a regular subscription requires membership in NAN. For information, interested persons can call 202/293-2437.

NABWMT's National Task Force on AIDS Prevention can be reached at 415/255-8378.

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(Enclosed for your convenience is an offering envelope for the UFMCC AIDS Ministry. Thank you for your support!)

THE COALITION THAT GIVES US CLOUT

(Inside the Washington Lobby, Vol 2, #7, by Markowitz & Feldblum)

The heart of the elusive-sounding "AIDS Lobby" is NORA - a powerful coalition made up of 150 national organizations. While two of the coalition's groups are exclusively lesbian/gay organizations, NORA - the National Organizations Responding to AIDS - counts among its members such mainstream establishments as the American Medical Association, the American Psychological Association, the Parent-Teacher Association and the Junior League. How did such a diverse coalition come into being around an issue as controversial as AIDS?

In the mid-1980s, it was clear to AIDS activists that Congress might never come up with an adequate response to AIDS as long as it was perceived solely as a "gay disease" and therefore as affecting people who had few advocates in Congress. At the same time, AIDS was spreading, both into other disenfranchised populations, like IV drug users, and into the population at large. Community-based service providers were the first to feel the effects of these changes as more and more of their clients began having physical, emotional, material and legal problems as a result of having AIDS. These service providers needed more funding to meet the needs of this growing community. To get it, they had to lobby the federal government.

In 1986, the AIDS Action Council (AAC) and the National Gay and Lesbian Task Force started a coalition to lobby on AIDS issues. Called, at that time, simply the "Second Monday" group, it began as a coalition of approximately 20 representatives from organizations representing the lesbian/gay community, disability community, substance-abusers providers, child welfare and civil rights communities. The diversity of the fledgling coalition proved to be an important part of its strength and continues to be a primary asset of NORA.

In 1987, the coalition was reinvigorated when new leadership took over the AIDS Action Council (AAC), and AAC took on a greater role in providing logistical support for the coalition. The coalition was renamed "NORA" (giving it an interesting human identity) and was reorganized into a series of task forces. Different organizations took the lead on different task forces. For example, the American Civil Liberties Union and the National Association of Protection and Advocacy Systems head the Civil Rights task force. The American Psychological Association and the American Public Health Association lead the Prevention task force, the AIDS Action Council and the American Nurses Association co-chair the Care task force, and the Human Rights Campaign Fund and the American Foundation for

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The Coalition...(Cont'd)

AIDS Research lead the Research task force. All the task forces work together on the appropriations process, with AIDS Action Council providing lead coordination, to ensure that money for each of the different policy areas are appropriated by Congress.

For 99 percent of NORA members, AIDS is only a small piece of their group's agendas. The Aids Action Council, therefore, which organizes NORA's monthly meetings, helps members write newsletter articles that will educate their members, and helps them draft board positions and policy papers on AIDS. The Council also coordinates lobbying days, sending member representatives in strategic groups, so that, for example, the National Gay and Lesbian Task Force lobbyist will show up with representatives from the American Nurses Association and the Junior League.

Diversity, mainstreaming and practical arguments have been useful political strategies for the AIDS lobby. As always, the game on the Hill follows rule number one: make an issue sufficiently palatable for the folks back home so Representatives will not be afraid to vote for good policy on the issue. The respectability of NORA members is useful for members of Congress, who are sometimes jumpy at the thought of being accused of being "gay sympathizers" if they simply vote for decent public policy on AIDS.

There have been some interesting, useful side effects to the NORA coalition. Because NORA's respectability is lending a good deal of credibility to what had been seen as a gay issue (even though AIDS is not exclusively a gay disease), that credibility is rubbing off, to some extent, on lesbian/gay member groups. They are being associated, in Hill politics, with a powerful coalition, rather than being seen as an isolated civil rights group. This heightened visibility will hopefully benefit us as we work for a lesbian/gay civil rights bill. The more open and known lesbian and gay groups are on the Hill, the less they will be feared and stigmatized.

On the flip side, all NORA member group representatives are getting an important education about lesbians and gay groups and individuals, and this is building important bridges. Hopefully, this contact will become a support base for future work on lesbian and gay issues on the Hill, as well as help start changing national attitudes about lesbians and gays.

Perhaps the greatest contribution NORA has made to the lesbian and gay community is that it has freed those groups from focusing all of their attention on AIDS. Before NORA, those groups were often the only ones working on AIDS issues, and the fight was so intense it was hard to put resources into anything else. Now those players are able to work on other issues of importance to the community, while still working on AIDS as part of the NORA coalition.

But if NORA has a weakness, it is that it has not developed roots in local communities. Tom Sheridan of the AIDS Action Council says he would like to see local NORAs (LORAs?) made up of parents, doctors, religious leaders, gay rights and civil rights activists, teachers, social service clubs, and others, who would become active in towns and cities so that members of Congress would get the message that their constituents care about AIDS and want a response from the federal government. The current AIDS complacency - ironic, since 1.5 million Americans are HIV infected and 120,000 have AIDS - must be shattered by grass-roots recognition of the need for resources to cure and care for those who have the disease and to protect others against its spread.

UPCOMING CONFERENCES

San Francisco, CA - June 24-27, 1990. "AIDS & ETHICS" an official satellite meeting to the Sixth International Conference on AIDS. Registration, $345-395. Limited PWA/ARC scholarships available. To register, write, "AIDS AND ETHICS" c/o Krebs Convention Management Services, 555 De Haro St. Suite 200, San Francisco, CA 94107-2348. Phone: (415) 255-1297.

Chicago, IL - September 16-18, 1990. AIDS National Interfaith Network second annual Interfaith Ministries Conference, at the Bismark Hotel. The conference will provide opportunities for networking, pastoral care training, worship, and technical assistance in such areas as fundraising, organizational development, and various aspects of service provision. For further information, contact Rev. Susan Harlow, ANIN, 475 Riverside Dr. 10th Floor, New York, NY 10115-2100, or call (212) 870-2100.

Calgary, Alberta, Canada - October 29-30, 1990. AIDS Workers Conference 1990, "Disrupting Complacency, The Challenge for the 90's". AIDS Calgary Awareness Association and the Federal Centre For AIDS proudly announces a conference specifically designed for those involved in all areas of AIDS education (classroom, outreach, community, and health care). The Conference will be held at the Calgary Convention Centre. For information contact: Stew Stefansson or Karen Whyte at AIDS Calgary Awareness Assoc. #300, 1021 10th Ave S.W., Calgary, Alberta T2R-0B7; or call (403) 228-0198.

NATIONAL AIDS HOTLINE: A 24-hour service that provides confidential information, referrals, and educational materials to the public. 1-800-342-AIDS; 1-800-344-SIDA Spanish access; and 1-800-AIDS-TTY is access for the hearing impaired.